# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 10: 02

DOCUMENT # P31078 (9)

1. Corporation Name
GWL PROPERTIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5800 DTC PARKWAY<br>ENGLEWOOD CO 80111<br>US | 5800 DTC PARKWAY<br>ENGLEWOOD CO 80111<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/25/1990
3a. Date of Last Report: 04/19/1994
4. FEI Number: 84-1096239 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 | 81 Name<br>82 Street Address (P.O. Box Number Is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1 1 TITLE | ☐ Change ☐ Addition |
| NAME | THOMSON, DAVID J. | 1 2 NAME | |
| STREET ADDRESS | 3705 E. WARREN AVE. | 1 3 STREET ADDRESS | |
| CITY-ST-ZIP | DENVER CO | 1 4 CITY-ST-ZIP | |
| TITLE | VT | 2 1 TITLE | ☐ Change ☐ Addition |
| NAME | LAVAN, JAMES F. | 2 2 NAME | |
| STREET ADDRESS | 6559 S. ALLISON COURT | 2 3 STREET ADDRESS | |
| CITY-ST-ZIP | LITTLETON CO | 2 4 CITY-ST-ZIP | |
| TITLE | VS | 3 1 TITLE | ☐ Change ☐ Addition |
| NAME | WOOLLEY, GEORGE C. | 3 2 NAME | |
| STREET ADDRESS | 5945 JAMISON PLACE | 3 3 STREET ADDRESS | |
| CITY-ST-ZIP | ENGLEWOOD CO | 3 4 CITY-ST-ZIP | |
| TITLE | D | 4 1 TITLE | ☐ Change ☐ Addition |
| NAME | HUGHES, JACK T. | 4 2 NAME | |
| STREET ADDRESS | 2230 RIDGE PLAZA | 4 3 STREET ADDRESS | |
| CITY-ST-ZIP | CASTLE ROCK CO | 4 4 CITY-ST-ZIP | |
| TITLE | D | 5 1 TITLE | ☐ Change ☐ Addition |
| NAME | GRATTON, ROBERT | 5 2 NAME | |
| STREET ADDRESS | 105 MAPLEWOOD AVE. | 5 3 STREET ADDRESS | |
| CITY-ST-ZIP | OUTREMONT, QUEBEC | 5 4 CITY-ST-ZIP | |
| TITLE | D | 6 1 TITLE | ☐ Change ☐ Addition |
| NAME | DESMARAIS, PAUL, JR. | 6 2 NAME | |
| STREET ADDRESS | 3120 CHEMIN DAULAC | 6 3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTMONT, QUEBEC | 6 4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David J. Thomson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DAVID J. THOMSON PRESIDENT
Date
303-779-3380
Daytime Phone #

0479064 FP